

Acute Care Clinic

(Please note, this is not a substitute for emergency services. If this is an emergency, please call 911 or visit Urgent Care.)

FOR SCHEDULING AND INFORMATION: 612-208-9584

Address: 7104 Lake Street West, St Louis Park, MN 55426

Office Hours: Monday - Friday 9:00am - 5:30pm

Phone appointments: Based on availability

Cost: Acute Consultation, \$45.00 plus remedy /typical remedy charge \$8 -\$12

This clinic provides homeopathic remedies to treat acute symptoms, such as, but not limited to:

- Flu and flu-like symptoms
- Coughs
- Injuries like sprains, bruises, etc
- Minor burns
- Skin irritation e.g. from poison ivy
- Childhood ailments e.g. teething, ear infections, conjunctivitis
- Bladder infections
- Many others

ABOUT THE CLINIC AND HOMEOPATHIC REMEDIES

Homeopathic remedies are safe and gentle. They can be used safely in conjunction with mainstream medicine.

They are safe for all ages, including children and babies, pregnant women, and seniors.

No referral needed.

Once introduced to homeopathic care for acute illnesses, you will discover it also is very effective for many different chronic problems.

The consultation involves questions about your ailment, looking for the distinctive physical and emotional symptoms that you are experiencing. Using this holistic approach, we then give you an individualized remedy to take, with instructions. We like to follow up our consultation with a phone call to ensure you are on the path to wellness.

Experienced homeopathic practitioners staff our acute care clinic.

If you are an active client of a homeopathic practitioner, we recommend you contact your practitioner first.

CLIENT BILL OF RIGHTS
Minnesota Center for Homeopathy
Acute Care Clinic

7104 Lake Street East, St. Louis Park, MN 55426 612-208-9584

We are pleased to provide you with this Client Bill of Rights, in accordance with Minnesota laws governing complementary and alternative health care practices.

1. Degrees, training, and experience.

***Teresa Stewart** is a classical homeopath practicing at the Minnesota Center for Homeopathy. St Louis Park, MN. She is a graduate of Northwestern Academy of Homeopathy, in the Twin Cities. She has been a classical homeopath since 2006. She currently serves on the board of the Minnesota Homeopathic Association. Teresa had her own practice in Linden Hills, Minneapolis before joining the Minnesota Center for Homeopathy.*

***Monica Raina** is a classical homeopathic practitioner at Minnesota Center for Homeopathy. She is a graduate of the four-year program at the Northwestern Academy of Homeopathy, in St Louis Park, MN. She has been practicing homeopathy since 2007 in the twin cities. She is active in the homeopathic community as a Board member of the Minnesota Homeopathic Association. She also practices at the Community Clinic affiliated with the Northwestern Academy of Homeopathy, and is a Supervisor for the Student Clinic at the school. She conducts homeopathic classes at the Edina Community Center, and in various other locations, in the Twin Cities.*

***Stasia Johnson Steinhagen, CCLP, MA** is a homeopath, herbalist, and certified coach and educator working with individuals, families and groups. She graduated from the four year training program at Northwestern Academy of Homeopathy (NAH) and holds a Masters in Holistic Health Studies from The University of St. Catherine, with a focus in herbology and nutrition education. Certified in 1991 (CCLP), Stasia has been coaching in the legacy of Powerful Listening and Life Planning work for over 20 years. In addition to her homeopathy practice, where she specializes in complex cases, families, and serving gifted and/or special needs children and adults, Stasia continues to teach and conduct team research on variety of health and human development topics.*

***Christie Jergens** is a Classical Homeopath practicing at the Minnesota Center for Homeopathy in St. Louis Park, MN. She graduated from the Northwestern Academy of Homeopathy in 2002. She received a Bachelor's of Science Degree in Nutrition from the University of Minnesota in 2004. She received a postgraduate degree in homeopathy in 2007 thru Dynamis School for Advanced Homeopathic Studies. She became a Certified Homeopath (CCH) through the Council for Homeopathic Certification in 2013. Her practice, Homeopathy for Better Health incorporates the gentle healing of homeopathy with nutritional care.*

***Pam Prosser** graduated from the Northwestern Academy of Homeopathy in 2002. This is a four year program that includes approximately 500 hours of clinical case taking and evaluation of cases. Pam has received national certification from the Council for Homeopathic Certifications and been awarded with the designation Certified Classical Homeopath (CCH). She is also registered with the north American Society of Homeopaths and received the designation RSHom(NA). Pam is a registered member of the Minnesota Homeopathic Association and holds a B.A. degree from the University of Minnesota.*

The current care you receive will be of a homeopathic nature and **not** allopathic (conventional medicine). Patients are advised to have and receive allopathic care from their primary care physician or provider. We will be pleased to coordinate your health care with your primary physician according to your wishes.

In accordance with Minnesota law, I am providing you with the following notice:

THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.

Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time.

- 2. Right to file a complaint.** Our names and address are listed above. You have a right to file a complaint with us, by writing a letter with details of the nature of the complaint.

Also, if you have any concerns, you may file a complaint with the following office:

Office of Unlicensed Complementary and Alternative Health Care Practice
Minnesota Department of Health Occupations Program
85 East 7th Place, Suite 300, PO Box 64882
St. Paul MN 55164-0882
651-282-3823, 1-800-657-3957, Fax 651-282-3839

- 3. Fees for unit of service.** Fees are payable at the time of service by cash, check, or credit card. (See our Fee Schedule) We do not accept Medicare, Medical Assistance, or General Assistance Medical Care. We do not accept partial payment or waive payment. (See our Payment Policy).
- 4. Change in services or charges.** You have a right to reasonable notice of changes in services or charges, and we will provide prior notice of any changes.
- 5. Description of Services.** Please see the article "What is Homeopathy," provided to you in your clinic information packet, and available in our reception room.
- 6. Information about assessment and recommended service.** You have a right to complete and current information concerning any assessment and recommended service, including the expected duration of the service to be provided. If you have any questions, please ask.
- 7. Courteous treatment.** You may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner.
- 8. Confidentiality of client information.** Your records and other information about you are confidential. This information will not be released, unless you authorize release in writing, or unless release is required by law.

9. **Access to client records.** You are allowed access to records and other written information, in accordance with Minnesota Statutes, section 144.335.
10. **Other available services.** If you are interested in other available services in the community, you may wish to consult the Minnesota Homeopathic Association.
11. **Change practitioners.** You have the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs.
12. **Coordinated transfer.** If you change practitioners, you have the right to our assistance in coordinating this transfer to another practitioner.
13. **Refusing services.** You have the right to refuse services or treatment, unless otherwise provided by law.
14. **No retaliation.** You may assert your rights without retaliation.

I hereby acknowledge receipt of the Client Bill of Rights and the attached documents incorporated therein and I have had a full opportunity to ask any questions I have about this document and my rights as a client. I understand my rights as a client.

Client Signature

Date

Parent or Guardian Signature

Date

Witness

Date

**Minnesota Center for Homeopathy
Acute Care Clinic**

7104 Lake Street East, St. Louis Park, MN 55426 612-208-9584

Homeopathic Services Notice

Client Name: _____ **Date:** _____
(please print)

The homeopathic services you have requested are directed at strengthening your constitution and vitality. They are not directed at identifying, treating or preventing specific diseases. Our practitioners are qualified homeopaths but are not licensed physicians. They are prohibited by law from diagnosing or treating disease.

If you have a medical complaint or question about your health it is important that you consult with a physician.

Many insurance companies do not pay for homeopathic services and our office will not be sending a claim to your insurance carrier.

CLIENT ACKNOWLEDGEMENT:

It is my personal preference to use the homeopathic services of the homeopaths at Minnesota Center for Homeopathy. I understand that the homeopathic services are NOT MEDICAL treatments and that these homeopaths are not licensed physicians.

Client Signature

Date

MINNESOTA CENTER FOR HOMEOPATHY
ACUTE CARE

CLIENT INTAKE FORM

Name _____ Date _____

Address _____ Birth date _____

City _____ Age _____ Sex _____

State _____ Zip _____ Height _____ Weight _____

Phone: WORK _____

Phone: HOME _____

Phone: MOBILE _____

E-mail: _____

Emergency contact: Name _____

Phone #: _____ Relationship: _____

If under 18, Parent's name: _____

Parent's address: _____

Family Physician: _____

Address _____

Occupation: _____

How did you hear about us? _____

Current Mediation, Supplements and Allergies

Current Medication

List all prescriptions and non-prescription drugs including dosage

Vitamin and mineral supplements

Allergies to medications

Allergies (list food, plants, animals etc)

What brings you in today? _____

Have you seen a doctor for your current health concern?: _____

Did you receive a diagnosis? _____

Are you currently under homeopathic care? ___ Yes ___ No